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Atty. Dkt. No. 355492-2202

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	Charlie RICCI et al.	CERTIFICATE OF FACSIMILE TRANSMISSION
Title:	METHODS FOR TREATING ENDOLEAKS DURING ENDOVASULAR REPAIR OF ABDOMINAL AORTIC ANEURYSMS	I hereby certify that this paper is being facsimile transmined to the United States Patent and Tradomark Office, Alexandria, Virgin on the date helow. TUAN MA 2-ED (Printed Name) (Signature)
Appl. No.:	09/954,789	(Dare of Deposit)
Filing Date:	9/12/2001	
Examiner:	S. Sharareh	•
Art Unit:	1617	
Confirmation Number:	8809	
	AMENDMENT TRAN	<u>SMITTAL</u>
Mail Stop Ame Commissioner P.O. Box 1450 Alexandria, VA	for Patents	
Sir:		
Transm	itted herewith is an amendment in the ab	ove-identified application.
	Entity status under 37 C.F.R. § 1.9 and §	1.27 has been established by a previous

[] Assertion of Small Entity status is enclosed.

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[X] The fee required for additional claims is calculated below:

	Claims As		Previously	Extra Claims					A 4 4 4 4 1 1
	Amended		Paid For		Present		Rate		Additional Claims Fee
Total Claims:	25	- ,	19	=	6	x	\$50.00	=	\$300.00
Independent Claims:	2	· -	3	=	0	x	\$200.00	=	\$0.00
First p	resentation	of any	y Multiple I	Depen	dent Claims:	+	\$360.00	=	\$0.00
		•			CLAIMS	FE	E TOTAL	_	\$300.00

[] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

[] Extension for response filed within the first month:	\$120.00	\$0.00	
[] Extension for response filed within the second month:	\$450.00	\$0.00	
[] Extension for response filed within the third month:	\$1,020.00	\$0.00	
[] Extension for response filed within the fourth month:	\$1,590.00	\$0.00	
[Extension for response filed within t he fifth month:	\$2,160.00	\$0.00	
	EXTENSION FEE TOTAL:			
Ĺ	Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$130.00	\$0.00	
CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:				
[[] Small Entity Fees Apply (subtract ½ of above): Extension Fees Previously Paid:		\$0.00	
			\$0.00	
TOTAL FEE:				

A credit card payment form in the amount of \$300.00 is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to

Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by the credit card payment form being unsigned, providing incorrect information resulting in a rejected credit card transaction, or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872.

If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

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Attorney for Applicant Registration No. 44,307